

2046

In order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Dila</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>165</u>
District of _____	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>748</u>
Town of <u>Miami</u>			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Denia Annabelle Burt</u> (If child is not yet named, make supplemental report, as directed.)			
3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. <u>1st</u>	5. Legitimate: <u>yes</u>
7. Date of birth <u>Sept. 25-1924</u>		Month <u>Sept</u> day <u>25</u> year <u>1924</u>	
FATHER		MOTHER	
Full name <u>Claude Henry Burt</u>		Full maiden name <u>Helen Onette Klein</u>	
9. Residence (Usual place of abode) <u>Miami</u>		15. Residence (Usual place of abode) <u>Miami</u>	
If nonresident, give place and state <u>Ariz.</u>		If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>Cauc.</u>	11. Age at last birthday <u>27</u> (Years)	16. Color or race <u>Cauc.</u>	17. Age at last birthday <u>17</u> (Years)
12. Birthplace (city or place) <u>Hattisburg</u>		18. Birthplace (city or place) <u>Young</u>	
(State or country) <u>Miss</u>		(State or country) <u>Arizona</u>	
13. Occupation		19. Occupation	
Nature of industry <u>Engine foreman</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>	
(a) Born alive and now living <u>1</u>		(b) Born alive but now dead _____	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>12 A.M.</u> on the date above stated.			
(Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidences of life after birth.		Signature <u>Cyril M. Brown M.D.</u>	
Given name added from a supplemental report _____		Address <u>Miami, Arizona</u>	
Month, day, year. _____		Filed <u>Sept 30, 1924</u>	
Registrar. _____		Local Registrar. <u>B. S. J. A.</u>	
		County Registrar. _____	

423 - 925 - 825